



PROOF OF LICENSING

State Form 47871 (R4 / 8-05)
Approved by State Board of Accounts, 2005

SOCIAL SECURITY NUMBER

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Indiana Department of Education
Division of Professional Standards
Room 229, State House
Indianapolis, IN 46204-2798
Toll Free: 1-866-542-3672
Fax: (317) 232-9023
www.doe.state.in.us/dps

INSTRUCTIONS: To be completed only if your valid license has been lost or destroyed.

Attach to a renewal or duplicate application.

To the Division of Professional Standards / Public and Agency Support Services:

The State of Indiana issued to _____ on _____
Give name exactly as it appears on license

_____, _____, a _____

Serial Number _____ of Grade _____, on the Basis of _____

with the Expiration Date of _____. The license has been lost or destroyed.

To the best of my knowledge, it was lost or destroyed in the following manner:

I hereby swear (*or affirm*) that the above statements are true to the best of my knowledge and belief. I further agree that should the original license be found, it will be returned for cancellation.

Signature of applicant

Address

E-mail

City

State

ZIP code

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public

Date commission expires

Typed or printed name of Notary Public

County of residence

Must include Notary seal